

100 Children's Specialty Clinics

Children's Specialty Clinic Services are specialty-oriented services provided by an interdisciplinary team to children who are eligible for EPSDT services and who experience developmental problems. Children's Specialty Clinic Services include preventive, diagnostic, therapeutic, rehabilitative, or palliative services provided in a clinic setting that is not part of a hospital, but is operated to provide medical care on an outpatient basis to children with special health care needs.

Clinic services include the following outpatient services:

- Services furnished at the clinic by or under the direction of a physician or dentist
- Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address

Clinics include:

Amputee	Infant and Toddler Evaluation
Arthritis	Multiple Disabilities
Augmentative Communication	Neurology
Cerebral Palsy	Neuromotor
Child Development	Neurosurgery
Cleft Palate	Orthopedic
Club Foot and Hand	Pediatric Surgery
Craniofacial	Plastic
Cystic Fibrosis	Psycho-education
Dentistry	Scoliosis
Eye	Seating
Feeding (OT)	Seizure
Genetics	Spina Bifida
Hearing	Spinal Deformity
Hearing Aid	Teen Transition
Hemophilia	Therapeutic Positioning
Inborn Errors of Metabolism	Urology

Eligible persons may receive Children's Specialty Clinic Services through providers who contract with Medicaid to provide services to children eligible for EPSDT services. An EPSDT (well-child checkup) screening must be current (within one year) for services to be considered for payment.

The policy provisions for clinic providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 61.

100.1 Enrollment

EDS enrolls children's specialty clinics and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Administrative Code*, and the *Alabama Medicaid Provider Manual*.

In order to meet federal enrollment criteria, all Children's Rehabilitation Services providers must have an individual Medicaid provider number with ADRS/CRS identified as payee. Sparks Rehab Center shall submit claims for clinic services to Medicaid under the physician's clinic provider number or (if no physician is present) under the clinic provider number.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Provider Number, Type, and Specialty

A provider who contracts with Medicaid as a clinic is issued a nine-digit Alabama Medicaid provider number that enables the provider to submit requests and receive reimbursements for clinic-related claims.

NOTE:

All nine digits are required when filing a claim.

Clinics are assigned a provider type of 24 (Clinics). Valid specialties for clinics include the following:

- Children's Rehabilitation Service (SC)
- EPSDT (E3)
- Hemophilia (SH)
- Orthodontia (V6)
- Radiology Clinics (SR)
- Sparks Rehab Center (SD)
- United Cerebral Palsy (SF)

NOTE:

Physicians affiliated with children's specialty clinics are assigned their own Alabama Medicaid provider number, which links them to the clinic. The provider type for the physician is 24 (Clinics). The valid specialties are any of those specialties valid for physicians. Please refer to Chapter 28, Physician, for a listing of valid specialties.

All other personnel affiliated with the children's specialty clinic, such as physician assistants or nurse practitioners, bill using the clinic's provider number, and are not assigned individual provider numbers.

Enrollment Policy for Children's Specialty Clinics

Providers are clinics organized apart from any hospital that operate to provide specialty care through an interdisciplinary team approach.

Clinics must meet recognized standards of care for children with special health care needs and provide services in their clinics for the following disciplines, at a minimum:

- Specialty physicians
- Nurses
- Social workers/service coordinators
- Physical therapists
- Audiologists
- Nutritionists
- Speech/language pathologists

All providers serving children must meet state and federal criteria for participation in the Medicaid program.

100.2 Benefits and Limitations

All Children's Specialty Clinic Services must be furnished by or under the direction of a physician directly affiliated with the clinic. "Under the direction of" means the physician must see the patient at least once, prescribe the type of care, and periodically (at least annually, unless the scope of services requires more frequent review) review the need for continued care.

Providers must develop a patient care plan that provides medical and rehabilitative services as well as coordination and support services to children with special health care needs.

Case management/service coordination is an integral part of ADRS/CRS clinic activities. Case managers/service coordinators provide services such as assessment, care plan development, linking/coordination of services, and parent counseling, parent and child education, and follow-up. Types of services provided include assisting the family with surgery/hospital arrangements, scheduling and coordinating appointments for evaluation and treatment, referral to appropriate resources as needed, home visits, school visits, patient and parent counseling/anticipatory guidance, and patient support. Individual case managers must meet the following criteria at a minimum: a four-year college degree or a registered nurse, and all case managers/service coordinators must receive training appropriate to the need of the target population.

Children's Specialty Clinic Teams

The clinic teams are usually comprised of physicians, registered nurses, social workers, therapists, audiologists, and clinic aides, clerical and/or support personnel. Clinic composition may vary depending on the type of clinic; however, clinic team protocol must be furnished to and approved by Medicaid. Clinic team protocol will be updated on an as-needed basis, but annually at a minimum. The team will establish a written patient care plan. The case management team then implements this plan.

100.2.1 Covered Services

Children's Specialty Clinic Services do not include services rendered under other Medicaid programs.

Children's Specialty Clinic Services are covered when provided by a Medicaid-enrolled children's specialty clinic provider.

Types of covered services provided in clinics include:

- Diagnosis of medical condition
- Completion of durable medical equipment assessments
- Development of a patient care plan
- Therapy (physical, speech/language, occupational)
- Patient/parent education
- Audiology services
- Physician services
- Psychological services
- Multidisciplinary evaluations
- Orthotic services
- Prosthetic services
- Optometrical services
- Dental services
- Nutrition services
- Prescriptions for services or medications

- Nursing and social work services
- Case management
- Hearing aid services
- Vision services

For details of dental services covered in children's specialty clinics see Rule No. 560-X-15.06 (3) of the *Alabama Medicaid Administrative Code*.

A patient care plan is required for each child and a service coordinator is responsible for arranging specialty and needed social services for the family.

100.2.2 Reimbursement

Children's Specialty Clinics will be reimbursed by an encounter rate. For more information regarding reimbursement for governmental providers, please refer to the "Children's Specialty Clinic Services Reimbursement Manual."

Governmental providers of Children's Specialty Clinic Services will be reimbursed by an encounter rate based on reasonable allowable cost, as defined by OMB Circular A-87, established by the Medicaid Agency based on completion of the required cost report documentation.

Non-governmental providers will be paid their usual and customary charge not to exceed the maximum allowable rate established by Medicaid.

Claims may be submitted for reimbursement for only one clinic visit per date of service per recipient, except in the case of dental visits. A dental encounter may be billed in conjunction with only one other clinic visit for the same date of service for the same recipient.

NOTE:

Procedure code D8080 is limited to once per year with prior authorization.

Procedure code D8680 is limited to once every two years with prior authorization.

Procedure code D9310 is limited to once per recipient per lifetime with prior authorization.

100.2.3 Encounters

Covered encounters are face-to-face clinic contacts during which a health professional team provides medical services to a patient. They are identified based on the data from clinic sign-in sheets and the individual medical records.

The definition of a health professional depends upon the type of clinic. To be counted as a physician encounter, the highest level health professional must be a physician.

Examples of physician encounters include the following types of visits, all of which are attended by a physician:

- Amputee
- Arthritis
- Cerebral palsy
- Cleft palate
- Clubfoot
- Craniofacial
- Cystic fibrosis
- Eye
- Genetics
- Hearing
- Hemophilia
- Multi-specialty
- Neurology
- Neuromotor
- Neurosurgical
- Orthopedic
- Pediatric surgery
- Plastic
- Scoliosis
- Seizure
- Spina bifida
- Spinal deformity
- Teen Transition
- Urology clinics

To be counted as a non-physician encounter, the health professional(s) must be qualified to perform the service, and although a physician is not present, the service must be provided under the direction of a physician. Examples of non-physician clinics include augmentative communication, feeding (OT), hearing aid orientation/maintenance, infant/toddler functional evaluation, and seating.

Multiple contacts with the same health professional(s) that take place on the same day at a single location constitute a single encounter. Services incident to an encounter, or subsequent to the clinic encounter, such as social services, case management, nursing, writing of prescriptions, clerical, therapy, and pre-certification evaluations are inclusive in the encounter and should not be billed separately.

For example, if a client comes to the amputee clinic, the minimum staffing standards must be met in order for the contact to be counted as an encounter. In this case, the orthopedist, physical therapist, and social worker must be present. Their face-to-face contact with the client constitutes an encounter. Subsequent visits for purposes of physical therapy only by the therapist do not constitute an encounter since these costs are included in the encounter rate that is billed only when the minimum staffing standards for a clinic are met.

100.2.4 *Maintenance of Records*

The provider must make available to the Alabama Medicaid Agency at no charge all information regarding claims for services provided to eligible recipients. The provider will permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. The provider maintains complete and accurate fiscal records that fully disclose the extent and cost of services.

The provider maintains documentation of Medicaid clients' signatures. These signatures may be entered on a sign-in log, service receipt, or any other record that can be used to indicate the clients' signatures and dates of service.

The provider maintains all records for a period of at least three years plus the current fiscal year. If audit, litigation, or other legal action by or on behalf of the state or federal government has begun but is not completed at the end of the three-year period, the provider retains the records until the legal action is resolved. The provider must keep records in a format that facilitates the establishment of a complete audit trail in the event the items are audited.

100.3 Prior Authorization and Referral Requirements

Clinic procedure codes generally do not require prior authorization; however, **orthodontia services always require prior authorization**. Any service warranted outside of these codes must have prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Patient 1st Program, refer to Chapter 39, Patient 1st, to determine whether your services require a referral from the Primary Medical Provider (PMP).

100.4 Cost Sharing (Copayment)

Copayment does not apply to services provided by Children's Specialty Clinics.

100.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Children's specialty clinics that bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Online adjustment functions
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

➤Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare Related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

100.5.1 Time Limit for Filing Claims

Medicaid requires all claims for clinics to be filed within one year from the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

100.5.2 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

100.5.3 Procedure Codes and Modifiers

Medicaid uses the Healthcare Common Procedure Coding System (HCPCS). HCPCS is composed of the following:

- American Medical Association's Current Procedural Terminology (CPT)
- Nationally assigned codes developed for Medicare
- Locally assigned codes issued by Medicaid. Effective for dates of service on or after 01/01/2004, use national codes.

The CPT manual lists most procedure codes required by Medicaid. This manual may be obtained by contacting the Order Department, American Medical Association, 515 North State Street, Chicago, IL 60610-9986. The (837) Professional, Institutional and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

The following procedure codes have been approved for billing by children's specialty clinics.

Clinic Services

Procedure Code	Who Can Bill	Description
99213-HT	CRS, UCP	Regular Clinic, which includes Craniofacial Clinic, Eye Clinic, Neurosurgery Clinic, Orthopedic Clinic, Pediatric Surgery, and Plastic Clinic
99214-HT	CRS, Sparks, UCP	Specialty Clinic, which includes Amputee Clinic, Arthritis Clinic, Clubfoot and Hand Clinic, Craniofacial Clinic, Pediatric Surgery Clinic, Scoliosis Clinic, Urology Clinic, Cerebral Palsy Clinic, Cleft Palate Clinic, , Multi-specialty Clinic, Neuromotor Clinic, Spina Bifida Clinic, Spinal Deformity Clinic
99205-HT	CRS, Sparks, UCP	Interdisciplinary Team Clinic (new patient) – limited to only once per physician per recipient lifetime

Procedure Code	Who Can Bill	Description
99215-HT	CRS, Sparks, UCP	Interdisciplinary Team Clinic (established patient) – repeat clinic visits Interdisciplinary Team Clinics include Augmentative Communication Technology Evaluation, Cystic Fibrosis Clinic, Feeding Clinic, Genetics Clinic, Hemophilia Clinic, Infant/Toddler Functional Evaluation, Neurology Clinic, Seating Clinic, Seizure Clinic, and Teen Transition Clinic.
99212-HT	CRS, UCP	Hearing Clinic, Hearing Aid Orientation and Maintenance Evaluation Clinic
D9430	Sparks, CRS	Dentistry Clinic

CRS CLINIC TEAMS

SPECIALTY CLINIC	MEDICAL STAFF	PARA-MEDICAL STAFF	SOCIAL and ADMINISTRATIVE STAFF
<u>AMPUTEE CLINIC</u> 99214-HT	*ORTHOPEDIST or PHYSICAL MEDICINE	*PHYSICAL THERAPIST Occupational Therapist	*LICENSED SOCIAL WORKER Secretary
<u>ARTHRITIS CLINIC</u> 99214-HT	*RHEUMATOLOGIST or IMMUNOLOGIST Ophthalmologist Orthopedist	*NURSE (BSN) *PHYSICAL THERAPIST Occupational Therapist Registered Dietitian	*LICENSED SOCIAL WORKER Secretary
<u>AUGMENTATIVE COMMUNICATION / TECHNOLOGY CLINIC</u> Evaluation 99205-HT or 99215-HT	Under the direction of a physician	*SPEECH/LANGUAGE PATHOLOGIST (CCC/SLP) *PHYSICAL THERAPIST *OCCUPATIONAL THERAPIST *REHABILITATION TECHNOLOGY SPECIALIST	*LICENSED SOCIAL WORKER Vocational Rehabilitation Counselor Secretary
<u>CEREBRAL PALSY CLINIC</u> 99214-HT Also known as NEURO-ORTHO CLINIC	*ORTHOPEDIST or PEDIATRIC NEUROLOGIST or NEUROLOGIST or PEDIATRICIAN or PHYSICAL MEDICINE	*NURSE (BSN) *PHYSICAL THERAPIST *REGISTERED DIETITIAN Occupational Therapist Speech/Language Pathologist (CCC/SLP)	*LICENSED SOCIAL WORKER Secretary
<u>CLEFT PALATE CLINIC</u> <u>99214-HT</u>	*PLASTIC SURGEON *ORTHODONTIST or DENTIST Pediatrician Geneticist Prosthodontist Otolaryngologist Oral Surgeon	*NURSE (BSN) *AUDIOLOGIST *SPEECH/LANGUAGE PATHOLOGIST (CCC/SLP) *REGISTERED DIETITIAN Genetics Counselor/RN	*LICENSED SOCIAL WORKER Mental Health Counselor Secretary

*Denotes minimum staffing standards

CRS CLINIC TEAMS

SPECIALTY CLINIC	MEDICAL STAFF	PARA-MEDICAL STAFF	SOCIAL and ADMINISTRATIVE STAFF
<u>CRANIOFACIAL CLINIC</u> 99214-HT	*PLASTIC SURGEON *NEUROSURGEON *ORAL SURGEON *ORTHODONTIST	*NURSE (BSN) *REGISTERED DIETITIAN Speech/language Pathologist (CCC/SLP)	*LICENSED SOCIAL WORKER Mental Health Counselor Secretary
<u>CYSTIC FIBROSIS CLINIC</u> 99205-HT or 99215-HT	*PULMONOLOGIST Allergist/Immunologist Gastroenterologist	*NURSE (BSN) *REGISTERED DIETITIAN Respiratory Therapist Pharmacist	*LICENSED SOCIAL WORKER Secretary
<u>EYE CLINIC</u> 99213-HT	*OPHTHALMOLOGIST	*NURSE (BSN) Optician Ophthalmic Technician	*LICENSED SOCIAL WORKER Secretary
<u>FEEDING CLINIC</u> 99205-HT or 99215-HT	Under the direction of a physician	*REGISTERED DIETITIAN *OCCUPATIONAL THERAPIST *SPEECH/LANGUAGE PATHOLOGIST (CCC/SLP) *NURSE (BSN)	*LICENSED SOCIAL WORKER Secretary
<u>GENETICS CLINIC</u> 99205-HT or 99215-HT	*GENETICIST	*NURSE (BSN) *GENETICS NURSE/COUNSELOR Registered Dietitian	*LICENSED SOCIAL WORKER Secretary
<u>HEARING CLINIC</u> 99212-HT	*OTOLARYNGOLOGIST	*AUDIOLOGIST *NURSE (BSN) Speech/language Pathologist (CCC/SLP) Registered Dietitian	*LICENSED SOCIAL WORKER Secretary
<u>HEARING AID ORIENTATION CLINIC</u> and Maintenance Evaluation 99212-HT	Under the direction of a physician	*AUDIOLOGIST Nurse (BSN)	Licensed Social Worker Secretary Hearing Aid Dealer
<u>HEARING ASSESSMENT CLINIC</u> 99212-HT	Under the direction of a physician	*AUDIOLOGIST Nurse (BSN)	Licensed Social Worker Secretary

*Denotes minimum staffing standards

CRS CLINIC TEAMS

SPECIALTY CLINIC	MEDICAL STAFF	PARA-MEDICAL STAFF	SOCIAL and ADMINISTRATIVE STAFF
<u>HEMOPHILIA CLINIC</u> <u>99205-HT or</u> <u>99215-HT</u>	*HEMATOLOGIST Orthopedist Dentist	*NURSE (BSN) *PHYSICAL THERAPIST Registered Dietitian	*LICENSED SOCIAL WORKER Secretary
<u>INFANT/TODDLER FUNCTIONAL EVALUATION CLINIC</u> <u>99205-HT or</u> <u>99215-HT</u>	Under the direction of a physician	*TWO OF THE FOLLOWING: Nurse (BSN) Physical or Occupational Therapist Speech/language Pathologist (CCC/SLP) Audiologist Licensed Social Worker	Secretary
<u>NEUROLOGY CLINIC</u> Also known as <u>PEDIATRIC ASSESSMENT PEDIATRIC NEUROLOGY</u> <u>99205-HT or</u> <u>99215-HT</u>	*NEUROLOGIST	*NURSE (BSN) *REGISTERED DIETITIAN Physical Therapist Occupational Therapist Speech/language Pathologist (CCC/SLP)	*LICENSED SOCIAL WORKER Secretary
<u>NEUROMOTOR CLINIC</u> <u>99214-HT</u>	*PHYSICAL MEDICINE Neurosurgeon Orthopedist Urologist	*NURSE (BSN) *PHYSICAL THERAPIST *REGISTERED DIETITIAN Occupational Therapist Neuro-psychologist Speech/language Pathologist (CCC/SLP)	*LICENSED SOCIAL WORKER Recreational Therapist Secretary
<u>NEUROSURGERY CLINIC</u> <u>99213-HT</u>	*NEUROSURGEON	*NURSE (BSN) Physical Therapist (on call) Registered Dietitian	*LICENSED SOCIAL WORKER Secretary

*Denotes minimum staffing standards

CRS CLINIC TEAMS

SPECIALTY CLINIC	MEDICAL STAFF	PARA-MEDICAL STAFF	SOCIAL and ADMINISTRATIVE STAFF
<u>ORTHOPEDIC CLINIC</u> <u>99213-HT</u>	*ORTHOPEDIST	*NURSE (BSN) *PHYSICAL THERAPIST *REGISTERED DIETITIAN Occupational Therapist Speech/language Pathologist	*LICENSED SOCIAL WORKER Secretary
<u>PEDIATRIC SURGERY CLINIC</u> <u>99214-HT</u>	*SURGEON	*NURSE (BSN) *REGISTERED DIETITIAN	*LICENSED SOCIAL WORKER Secretary
<u>SCOLIOSIS CLINIC</u> <u>99214-HT</u>	*ORTHOPEDIST	*NURSE (BSN) *PHYSICAL THERAPIST Registered Dietitian	*LICENSED SOCIAL WORKER Secretary
<u>SEATING CLINIC</u> <u>99205-HT or 99215-HT</u>	Under the direction of a physician	*PHYSICAL THERAPIST Occupational Therapist	Licensed Social Worker Secretary
<u>SEIZURE CLINIC</u> <u>99205-HT or 99215-HT</u>	*NEUROLOGIST	*NURSE (BSN) *REGISTERED DIETITIAN Pharmacist	*LICENSED SOCIAL WORKER Secretary
<u>SPINA BIFIDA CLINIC</u> <u>99214-HT</u> Also known as: MULTI-SPECIALTY CLINIC	*ORTHOPEDIST or NEUROSURGEON or UROLOGIST	*NURSE (BSN) *PHYSICAL THERAPIST *REGISTERED DIETITIAN Occupational Therapist	*LICENSED SOCIAL WORKER Secretary
<u>SPINAL DEFORMITY CLINIC</u> <u>99214-HT</u>	*ORTHOPEDIST	*NURSE (BSN) *PHYSICAL THERAPIST *REGISTERED DIETITIAN Occupational Therapist	*LICENSED SOCIAL WORKER Secretary

*Denotes minimum staffing standards

CRS CLINIC TEAMS

SPECIALTY CLINIC	MEDICAL STAFF	PARA-MEDICAL STAFF	SOCIAL and ADMINISTRATIVE STAFF
<u>TEEN TRANSITION CLINIC</u> <u>99205-HT or</u> <u>99215-HT</u>	*PHYSICAL MEDICINE or ADOLESCENT MEDICINE SPECIALIST or PEDIATRICIAN		*TWO OF THE FOLLOWING: REHABILITATION TECHNOLOGY SPECIALIST or VOCATIONAL ASSESSMENT SPECIALIST or INDEPENDENT LIVING SPECIALIST *LICENSED SOCIAL WORKER Vocational Rehabilitation Counselor Recreational Therapist Secretary
<u>UROLOGY CLINIC</u> 99214-HT	*UROLOGIST	*NURSE (BSN) Registered Dietitian	*LICENSED SOCIAL WORKER Secretary

*Denotes minimum staffing standards

NOTE:

Claims for Radiology codes 70010 – 79999 must be filed separately from claims for all other services.

Non-Clinic Services

Children's Specialty Clinics also provide, or arrange provision of, non-clinic services. The following procedure codes shall be utilized and will be reimbursed on a fee-for-service basis.

<i>Procedure Code</i>	<i>Who Can Bill</i>	<i>Description</i>
70010-79999	CRS	Radiology
J7190 J7191 J7192	CRS	Factor viii (antihemophilic factor, human), per i.u. Factor viii (antihemophilic factor, porcine), per i.u. Factor viii (antihemophilic factor, recombinant), per i.u.
J7197 J7198 J7199	CRS	Antithrombin iii (human), per i.u. Anti-inhibitor, per i.u. Hemophilia clotting factor, not otherwise classified
J7193 J7194 J7195	CRS	Factor ix (antihemophilic factor, purified, non-recombinant) Factor ix, complex, per i.u. Factor ix (antihemophilic factor, recombinant), per i.u.
D08080	CRS	Comprehensive Orthodontic Treatment of the

Procedure Code	Who Can Bill	Description
		Adolescent Dentition (requires prior authorization)
D08680	CRS	Orthodontic Retention (removal of appliances, construction, and placement of retainer(s)) (requires prior authorization)
D09310	CRS	Consultation
L3650	CRS	Shoulder orthosis (SO), figure of "8" design abduction restrainer
L3660	CRS	SO, figure of "8" design abduction restrainer, canvas and webbing
L3670	CRS	SO, acromio/clavicular (canvas and webbing type)
L3700	CRS	Elbow orthoses (EO), elastic with stays
L3710	CRS	EO, elastic with metal joints
L3720	CRS	EO, double upright with forearm/arm cuffs, free motion
L3730	CRS	EO, double upright with forearm/arm/cuffs, extension/flexion assist
L3740	CRS	EO, double upright with forearm/arm cuffs, adjustable position lock with active control
L3800	CRS	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments
L3805	CRS	WHFO, long opponens, no attachment
L3810	CRS	WHFO, addition to short and long opponens, thumb abduction ("C") bar
L3815	CRS	WHFO, addition to short and long opponens, second M.P. abduction assist
L3820	CRS	WHFO, addition to short and long opponens, IP extension assist, with M.P. extension stop
L3825	CRS	WHFO, addition to short and long opponens, M.P. extension stop
L3830	CRS	WHFO, addition to short and long opponens, M.P. extension assist
L3835	CRS	WHFO, addition to short and long opponens, M.P. spring extension assist
L3840	CRS	WHFO, addition to short and long opponens, spring swivel thumb
L3845	CRS	WHFO, addition to short and long opponens, thumb IP extension assist with M.P. stop
L3850	CRS	WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist
L3855	CRS	WHFO, addition to short and long opponens, adjustable M.P. flexion control
L3860	CRS	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.
L3900	CRS	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven
L3901	CRS	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven
L3906	CRS	WHO, wrist gauntlet, molded to patient model
L3907	CRS	WHFO, wrist gauntlet with thumb spica, molded to patient model
L3908	CRS	WHO, wrist extension control cock-up, non-molded
L3910	CRS	WHFO, Swanson design
L3912	CRS	HFO, flexion glove with elastic finger control
L3914	CRS	WHO, wrist extension cock-up
L3916	CRS	WHFO, wrist extension cock-up with outrigger
L3918	CRS	HFO, knuckle bender

<i>Procedure Code</i>	<i>Who Can Bill</i>	<i>Description</i>
L3920	CRS	HFO, knuckle bender, with outrigger
L3922	CRS	HFO, knuckle bender, two segments to flex joints
L3924	CRS	WHFO, Oppenheimer
L3926	CRS	WHFO, Thomas suspension
L3928	CRS	HFO, finger extension, with clock spring
L3930	CRS	WHFO, finger extension, with wrist support
L3932	CRS	FO, safety pin, spring wire
L3934	CRS	FO, safety pin, modified
L3936	CRS	WHFO, Palmer
L3938	CRS	WHFO, dorsal wrist
L3940	CRS	WHFO, dorsal wrist, with outrigger attachment
L3942	CRS	HFO, reverse knuckle bender
L3944	CRS	HFO, reverse knuckle bender, with outrigger
L3946	CRS	HFO, composite elastic
L3948	CRS	HFO, finger knuckle bender
L3950	CRS	WHFO, combination Oppenheimer, with knuckle bender and two attachments
L3952	CRS	WHFO, combination Oppenheimer, with reverse knuckler and two attachments
L3954	CRS	HFO, spreading hand
L3960	CRS	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design
L3962	CRS	SEWHO, abduction positioning, erbs palsy design
L3963	CRS	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint
L3964*	CRS	SEO, mobile arm support attached to wheelchair, balanced, adjustable – Requires Prior Authorization
L3965*	CRS	SEO-mobile arm support. Attached to wheelchair, balanced, adjustable rancho type – Requires Prior Authorization
L3966*	CRS	SEO, mobile arm support attached to wheel chair, balanced, reclining – Requires Prior Authorization
L3968*	CRS	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) – Requires Prior Authorization
L3969*	CRS	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support – Requires Prior Authorization
L3970*	CRS	SEO, addition to mobile arm support, elevating proximal arm – Requires Prior Authorization
L3972*	CRS	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control – Requires Prior Authorization
L3974*	CRS	SEO, addition to mobile arm support, supinator – Requires Prior Authorization
L3980	CRS	Upper extremity fracture orthosis, humeral
L3982	CRS	Upper extremity fracture orthosis, radius/ulnar
L3984	CRS	Upper extremity fracture orthosis, wrist
L3985	CRS	Upper extremity fracture orthosis, forearm, hand with wrist hinge
L3986	CRS	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example-colles fracture)
L3995	CRS	Addition to upper extremity orthosis, sock, fracture

Procedure Code	Who Can Bill	Description
		or equal, each
L3999*	CRS	Upper limb orthosis, not otherwise specified – Requires Prior Authorization
L4000	CRS	Replace girdle for Milwaukee orthosis
L4010	CRS	Replace trilateral socket brim
L4020	CRS	Replace quadrilateral socket brim, molded to patient model
L4030	CRS	Replace quadrilateral socket brim, custom fitted
L4040	CRS	Replace molded thigh lacer
L4045	CRS	Replace non-molded thigh lacer
L4050	CRS	Replace molded calf lacer
L4055	CRS	Replace non-molded calf lacer
L4060	CRS	Replace high roll cuff
L4070	CRS	Replace proximal and distal upright for KAFO
L4080	CRS	Replace metal bands KAFO proximal thigh
L4090	CRS	Replace metal band KAFO-AFO, calf or distal thigh
L4110	CRS	Replace leather cuff, KAFO, calf or distal thigh
L4130	CRS	Replace pretibial shell
L4200	CRS	Repair of orthotic device, hourly rate
L4205	CRS	Repair pretibial shell
L4210	CRS	Repair of orthotic device, repair or replace minor parts

NOTE:

Refer to Chapter 37, Therapy (Occupational, Physical, and Speech) for the therapy codes.

100.5.4 Place of Service Codes

The place of service code 99 (Other Unlisted Facility) applies when filing claims for clinic services, except for dental and orthodontia services. For dental and orthodontia services, use place of service 11.

100.5.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

Refer to Section 5.7, Required Attachments, for more information on attachments.

100.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

100.7 Local Code Crosswalk Information

NOTE:

Use "Local" procedure codes for **dates of service** through 12/31/03. Use HCPCS procedure code, with modifier(s) if applicable, for dates of service 01/01/04 and thereafter.

"Local" Code thru 12/31/03	HCPCS-Modifier(s) Beginning 01/01/04	Description
Z5145	99213-HT	Children's Rehabilitation Service, regular clinic
Z5146	99214-HT	Children's Rehabilitation Service, specialty clinic
Z5147	99205-HT	Children's Rehabilitation Service, Interdisciplinary Team Clinic-New Patient
Z5148	99215-HT	Children's Rehabilitation Service, Interdisciplinary Team Clinic, Established Patient
Z5149	99212-HT	Children's Rehab Service, hearing clinic
Z3276	J7190 - Factor viii (antihemophilic factor, human) per i.u. J7191 - Factor viii	Factor VIII

"Local" Code thru 12/31/03	HCPSC-Modifier(s) Beginning 01/01/04	Description
	(antihemophilic factor (porcine)), per i.u. J7192 - Factor viii (antihemophilic factor, recombinant) per i.u.	
Z3277	J7197 - Antithrombin iii (human), per i.u. J7198 - Anti-inhibitor, per i.u. J7199 - Hemophilia clotting factor, not otherwise classified	Anti-Inhibitor Coagulant
Z3282	J7193 - Factor ix (antihemophilic factor, purified, non-recombinant) J7194 - Factor ix, complex, per i.u. J7195 - Factor ix (antihemophilic factor, recombinant) per i.u.	Factor IX